

FAMILY WEEKEND at Camp Toccoa

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A weekend beneath the pine trees for the whole family!

Who: Families with school-aged children. Groups welcome!

Where: Camp Toccoa is just 90 minutes northeast of Atlanta in the foothills of the Blue Ridge Mountains. Detailed directions can be found on www.camptoccoa.org.

When: Check-in 11am-12pm on Saturday. Enjoy a choice of activities in the afternoon, followed by dinner at 6:30pm. Departure time is approximately 9:30 a.m. the next day.

Housing: You will be housed in a heated cabin with other families (cabins sleep up to 8). Most cabins are designed as one large room. Restrooms will be in a nearby building.

Meals: Lunch, dinner and breakfast are included in the registration fee. Vegetarian meals are available.

What to Pack: Sleeping bag, flashlight, personal items, pillow, towel and clothing appropriate for the weather.

Cost: Just \$75 per family (up to 4 people)

March 27-28, 2010 or

April 17-18, 2010

Activities Include:

- Archery
- Horseback Riding
- Service projects
- Sleep in a cabin
- Make s'mores over the fire
- Crafts
- Songs
- Skits
- Trail hikes

FAMILY WEEKEND REGISTRATION FORM

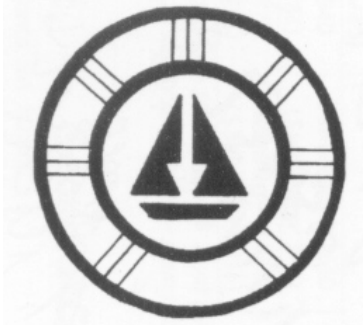
To Register:

Complete this form and return with correct payment to: Camp Toccoa, 92 Camp Toccoa Drive, Toccoa, GA 30577 by March 20 or April 9.

Sessions are filled on a first come basis.

If you have questions about registrations, please call 706-886-2457.

Please circle the session you wish to attend:



March 27-28

April 17-18

Child(ren)'s Name:	Grade	Age	M/F	Name of School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Home Phone: _____ Cell Phone: _____

Name of Adult(s) Attending: _____

Name of Other Contact: _____ Phone: _____

Address (include street, city, and zip) _____

E-mail Address: _____

Name of those you wish to be housed with: _____

Special dietary needs (including vegetarian requests): _____

Cost: \$75 per family (up to 4 people, \$25 per additional person). May be paid by check or credit card.

Total enclosed: \$ _____

Payment Form (Circle One): Check VISA MasterCard

If paying by credit card, please complete:

Please charge \$ _____ to _____ Exp. ____ / ____

Billing address (if different from above) _____ **For office use: Date** _____

Signature _____ **Receipt #** _____ **By** _____ **Amt.**

WE LOOK FORWARD TO HAVING YOU!

Camp Toccoa 92 Camp Toccoa Drive, Toccoa, Georgia 30577

www.camptoccoa.org